REST AVAILABLE COPY

DATENT	APPLICATION	FEE DETERMIN	ATION RECORD
PAIENI	APPLICATION	FEE DE LEDIVIN	ALIUN DECUDE

Effective December 29, 1999

Application or Docket Number

09/512576

		CLAIMS A	S FILED - Column 1)		ımn 2)	SMALL TYPE	~ \	OR	OTHER SMALL	
FC	PR	NUMBI	ER FILED	NUMBER	EXTRA	RATE	FEE	1	RATE	FEE
ВА	SIC FEE	1		· · · · · · · · · · · · · · · · · · ·		Ø 32-	345.00	OR		690.00
то	TAL CLAIMS	13	minus 2	20= *		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 6 minus 3 = * 3				X39=		OR	X78=	234		
MULTIPLE DEPENDENT CLAIM PRESENT +130= OR +260=										
* If	the difference	in column 1 is	less than ze	ro, enter "0" in o	column 2	TOTAL		OR	TOTAL	924
	CI	LAIMS AS A (Column 1)	MENDED	- PART II (Column 2)	(Column 3)	SMALL	ENTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT	* *	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL		١	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE			AUUH, FEE	7.4.7
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	* **	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NIATION OF M	ULTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)					
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	=	X39=		OR	X78=	
_	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM					-	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									
••	** If the entry in column 1 is less than the entry in column 2, write '0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/512576

		Total Fee	: Calculatio	ם		
	Fee Code	Total . # Claims	Number Extra X	_ Fee	Fm _	-
Basic Filing Fee Total Claims >20 Independent Claims >3 Multi-Dep Claim Present Surcharge English Translation	204/104 205/105 139	13 .20 •	x	Sm. Entity	Fee = Lg. Entity (90 = 78 = 1	130
Fees due upon filing th	. –	·				1054
Total Filing Fees Due =	= ' \$	1,054	Co.			
Less Filing Fees Submi	ned - \$	<u> </u>		:		
EALANCE DUE	= 5	1,054	1.00			,
Office of Initial Patents	xamination		•	٠	•	

FORM OPE-RAM-01 (Rev. 12/97)